


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06881</b> 1. Entity Name <b>ADVANCED IMPLANT RESTORATIONS, INC.</b>	
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Principal Place of Business <b>10500 SW 77 CT</b> <b>MIAMI, FL 33156 US</b>	Mailing Address <b>10500 SW 77 COURT</b> <b>MIAMI FL, 33156</b>
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01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0136238</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**ZIMMERMAN, MICHAEL J.**  
**13320 S W 128TH ST.**  
**MIAMI, FL 33186**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature typed or printed name of registered agent and title if applicable \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAMPMANN, KLAUS
STREET ADDRESS	10500 S.W. 77TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	DTS
NAME	LAMPMANN, CARLISLE, S
STREET ADDRESS	10500 S.W. 77 COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/06-80029-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlisle Lampman **CARLISLE LAMPMAN** April 5 2006 **305-665-8225**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_